



UTAH STATE OFFICE OF REHABILITATION
DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING
UTAH INTERPRETER PROGRAM
Annual Maintenance Renewal Form
Cued Language Transliterators

PLEASE PRINT

Name _____

Address _____ NEW? Y N

City, State, Zip _____

Home Phone _____ Work Phone _____

Birthdate ____/____/____
month day year

Are you currently TECUnit certified, nationally or in another state?
NO ____ YES ____ State _____

E-mail address _____

PLEASE CIRCLE
Certification Level

Level 2

Level 3

Level 4

PLEASE READ CAREFULLY!

I certify that I have been involved in the following workshops over the past year (i.e., Language Matters, Inc., transliterator workshops, CLNA workshops/conferences or State **approved** workshops.) **ALL non-LMI or non-CLNA transliterator workshops must be verified with a copy of a certificate of completion or other verification to be applied toward maintenance hours. List workshops and hours completed below. NO CREDIT WILL BE GIVEN FOR INCOMPLETE INFORMATION!** The requirement is: **LEVEL 2 or LEVEL 3, 20 hours annually; LEVEL 4, 60 hours in 3 years.**

Workshop Title	Date	Presenter/Sponsor	Location	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLT Signature

Date

Diagnostic
Evaluation

Date completed

Required every 3 yrs
for LEVEL 4

For Division Use Only

Year 1 _____
Year 2 _____
Expiration Year _____
Diagnostic Completed _____

Return form and payment to
Utah Interpreter Program
5709 South 1500 West
Taylorsville UT 84123-5217